

TO: Potential Respondents to Request for Proposal Number HTH 121-04-19, "Ryan White Comprehensive AIDS Resources and Emergency Act Title II Care Consortium Services."

The following two (2) questions were submitted regarding RFP No. HTH 121-04-19, "Ryan White Comprehensive AIDS Resources and Emergency Act Title II Care Consortium Services."

Question #1:

This is a request to reconsider the targeted services provided for in the (Ryan White CARE Act Title II HIV care services consortium) RFP.

HRSA has identified 4 strategies as having significant implications for HIV/AIDS care services and treatment. The first two are: 1) primary medical care; and 2) HIV related medications.

The present RFP does not have a provision for health insurance payments which would allow people with HIV to stay in primary medical care. Last year this (agency) spent \$20,000 on behalf of a minimum of 25 clients needing assistance with health insurance payments. Without this assistance most of these individuals would have lost their medical coverage and probably not qualify for other programs. Without medical insurance they would not be able to see a physician nor access HIV medications. In our present medical model I feel strongly that this component of RW Title II services is critical.

Additionally, the present rfp does not have a provision for medication support. This is the No. 2 item identified by HRSA to support care services. This (agency) has provided medication support for over 50 individual totaling more that \$16,000 in the last year. Without this support through RW these individuals would be unable to access adequate medication support to maintain their health which would result in escalating costs and deteriorating health. This again is a critical service component.

While mental health and substance abuse treatment is very important, we have had few requests for this type of support. We know that many of our clients have substantial problems with substance abuse and mental health, however, their desire to deal with these issues has been limited and the lack of adequate providers in this venue add an additional component to their lack of interest. Therefore, the amount of money which we would allocate to these services does not need to be substantial, (i.e., consistent

with prior year's requests) freeing up funds for the above requested additional services to be added.

I respectfully request that medical insurance payments and medication support be added to the targeted services for the current rfp so as to allow us to keep as many people as possible in adequate medical care and good health.

Question #2

I read the HIV Consortium Activities RFP with interest and deep concern. While I understand and appreciate the HRSA guidelines and the direction of Ryan White CARE Act funding as well as the constraints under which the Branch has issued the RFP, I must express my sincere alarm that neither prescription assistance nor health insurance premium assistance appear to be eligible expenses under this RFP. I believe that both categories strongly support and are supported by the underlying goal of access to primary health care, and I urge the Branch to consider a modification to the RFP that would restore these two categories to eligible funding. I believe this action is vital and necessary and will ultimately be beneficial to the State and to our clients for a number of reasons:

- Low-income clients face increasing financial difficulty in maintaining private health insurance due to the high cost of premiums, particularly illustrated by Kaiser's recent premium increase announcement. Without financial assistance, patients may feel they are forced to give up their health insurance policies, placing more demands on Medicaid, Medicare, and other publicly supported programs.
- Health insurance payment assistance, particularly for individual policies that provide prescription assistance, will also help reduce the long-term burden on the Hawaii Drug Assistance Program.
- Providing financial assistance for prescribed medications, particularly for co-pays not covered by insurance, will ease low-income client's financial burden and encourage them to maintain private insurance and in fact, to remain in primary care as well as encourage treatment adherence.

While the "de-funding" of other supportive services, particularly nutritional support, have the potential for devastating impact on our multiply diagnosed clients and low-income families living with HIV, I hope that the effects can be mediated to some degree through private funding. I do believe that the exclusion of health insurance premium assistance and financial assistance for prescribed medications not covered by insurance is a critical health issue, and I beg you to investigate options under which they may be restored to eligibility in the upcoming funding cycle.

Response

The following is the STD/AIDS Prevention Branch response to both questions:

For the term of the HIV care services consortium contract, expenditures to assist Ryan White-eligible individuals with health insurance payments shall be allowed. Additionally, expenditures to assist Ryan White-eligible individuals with obtaining prescription medications shall also be permitted. Both services may be reimbursed under “Ambulatory/outpatient medical care” services. Please note that, as in prior years, these benefits are intended to be short-term in duration, and may not serve as long-term solutions to clients’ situations. It is the responsibility of the provider(s) of Ryan White CARE Act HIV care services to find other, more long-lasting arrangements to meet client needs.